

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXXX

Petitioner

v

File No. 122336-001

U.S. Health And Life Insurance Company

Respondent

Issued and entered
this 22nd day of December 2011
by R. Kevin Clinton
Commissioner

ORDER

I. PROCEDURAL BACKGROUND

On July 13, 2011, XXXXX on behalf of her minor son XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner receives health care benefits as an eligible dependent under his father's *Select Health Plans Group Insurance Trust Certificate* (the certificate), which is underwritten by U.S. Health and Life Insurance Company (USHL).

After a preliminary review of the information received, the Commissioner accepted the request for external review.

The issue here can be decided by applying the terms of the certificate. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II. FACTUAL BACKGROUND

On Saturday, January 1, 2011, the Petitioner was treated for swelling in his genital area in the emergency room at a network hospital. Although the hospital was in-network, the physician that treated him was not in the USHL network of providers. USHL applied its deductible requirements to the hospital and physician charges.

The Petitioner's mother appealed USHL's claims decision. USHL issued its final adverse determination on May 10, 2011.

III. ISSUE

Did USHL correctly process the Petitioner's claim for emergency room medical care services received on January 1, 2011?

IV. ANALYSIS

Petitioner's Argument

In her request for external review, the Petitioner's mother stated that she:

Was not informed by the hospital that the emergency room physician was not in network with our insurance. Also he never examined my son's genitals which was the main reason we went to hospital. He kept his hands in his hooded sweatshirt for the majority of time. Resolution is decrease in the amount he billed us for no contact with our son.

Respondent's Argument

In its final adverse determination dated May 10, 2011, USHL stated that the Petitioner's claim was paid correctly according to the schedule of benefits in the Petitioner's policy:

The group insurance provides for deductibles, higher copays, and coinsurance for out-of-network benefits. . . .

In network and out-of-network benefits are different because of the discounts US Health and Life receives when an insured person receives treatment from a network provider. . . .

According to the schedule of benefits, in-network and out-of-network emergency room physician services are subject to a \$1,000.00 deductible and payable at 100 percent. . . . The payment of the claim was paid appropriately according to the schedule of benefits.

Commissioner's Review

According to the schedule of benefits in the Petitioner's policy, emergency room physician services are paid at 100% after the \$1,000.00 deductible has been met, whether the services are obtained from a network or out-of-network provider.

The Petitioner's mother seeks a reduction in the physician's bill due to the level of medical attention her son received and also because she was not informed that the emergency room physician was out-of-network.

The Petitioner's request for external review involves issues pertaining to the quality of care he received from the emergency room physician. The Commissioner has no regulatory authority over physicians or hospitals. The Petitioner's complaint regarding the conduct of the emergency room doctor is beyond the regulatory authority of this agency. Similarly, the Commissioner does not have regulatory authority over the hospital and therefore the complaint that the hospital failed to inform the Petitioner's mother that their emergency room doctor did not participate with the Petitioner's insurance plan cannot be addressed.

Under the Patient's Right to Independent Review Act, the Commissioner may only address the claims decision of the Petitioner's insurer, USHL. The Commissioner finds that USHL processed the claim for the Petitioner's January 1, 2011, emergency room care in a manner consistent with the terms of the certificate.

V. ORDER

The Commissioner upholds U.S. Health and Life Insurance Company's May 10, 2011, final adverse determination. USHL is not required to provide additional benefits for the Petitioner's January 1, 2011, emergency room physician services.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than 60 days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.

R. Kevin Clinton
Commissioner